Ontario

A Shared Responsibility

Ontario's Policy Framework for Child and Youth Mental Health

Ministry of Children and Youth Services

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Executive summary

The mental health problems of Ontario's children and youth are a significant public health issue. Studies suggest 15 to 21 per cent of children and youth, approximately 467,000 to 654,000 children and youth in Ontario, have at least one mental health disorder. The consequences can affect children and youth now and into adulthood, their families/caregivers, schools, communities, employers and the province as a whole.

While significant progress has been made in recent years, a number of areas requiring further improvement have been identified:

- enhanced timeliness in the provision of services for children and youth
- increased emphasis on health promotion, illness prevention and earlier identification
- enhanced collaboration across child- and youth-serving sectors, and with the adult mental health sector
- increased consistency in service provision
- enhanced use of "what works" in practice
- social inclusion of children and youth with mental health problems
- enhancements in accountability.

An Ontario policy framework for child and youth mental health

As the champion of children and youth, the Ministry of Children and Youth Services (MCYS) has developed a policy framework to provide strategic direction for ongoing improvements over the next decade. The framework applies to all Ontario children and youth up to age 18.

The framework recognizes that child and youth mental health is a *shared responsibility*. It is designed to foster collaboration amongst everyone who shares responsibility for the healthy development of Ontario's children and youth: families/caregivers, communities, service providers, government and all child- and youth-serving sectors.

The framework is the product of cross-sectoral collaboration, which included one year of province-wide discussions with over 300 participants from a very wide range of government and community partners. This document was also informed by an extensive inter-jurisdictional literature review, consultations with mental health experts and a series of inter-ministerial discussions.

The framework:

- outlines the vision for child and youth mental health in Ontario
- defines a continuum of needs-based services and supports
- promotes a focus on health promotion, illness prevention and earlier intervention
- identifies strategic goals and priority areas for action to guide change over the next decade
- provides the foundation for the development of provincial service standards, guidelines and outcome measures
- sets the stage for cross-sectoral community and government planning.

Our vision and guiding principles

We envision an Ontario in which child and youth mental health is recognized as a key determinant of overall health and well-being, and where children and youth grow to reach their full potential.

To that end, our policy framework identifies the following principles to guide child and youth mental health services and supports:

- child, youth and family-centred
- community driven – services and supports should be provided as close to home as possible
- accessible
- coordinated and collaborative
- evidence-based and accountable.

The continuum of needs-based services and supports

The policy framework recognizes that children, youth and their families/caregivers need a flexible, broad continuum of services and supports, which meet their changing needs through key age, developmental, academic and sector transitions.

Our strategic goals and priority areas for action

The policy framework calls for all government and community partners to work together to achieve the following four goals over the next decade:

1. A child and youth mental health sector that is coordinated, collaborative and integrated at all community and government levels, creating a culture of shared responsibility
2. Children, youth and their families/caregivers have access to a flexible continuum of timely and appropriate services and supports within their own cultural, environmental and community context
3. Optimal mental health and well-being of children and youth is promoted through an enhanced understanding of, and ability to respond to, child and youth mental health needs through the provision of effective services and supports
4. A child and youth mental health sector that is accountable and well-managed.

For each of these goals, we have identified priority areas for action. These goals set out key areas of focus and will guide strategic investments and reinvestments in child and youth mental health services and supports, as resources become available. They also set the stage for inter-ministerial and cross-sectoral collaboration and dialogue.

Moving forward

MCYS is committed to working in partnership with government and community partners, within the child and youth mental health sector and across the broader child- and youth-serving sectors, to effect change based on the directions set out in this policy framework, and to create a culture of shared responsibility for child and youth mental health.

This will ultimately support improved mental health outcomes for children and youth and an Ontario in which child and youth mental health is recognized as a key determinant of overall health and well-being, and where children and youth grow to reach their full potential.

Overview:
A Policy Framework for Child and Youth Mental Health

The Ministry of Children and Youth Services (MCYS) envisions a province where children and youth have the best opportunity to succeed and reach their full potential.

To support this vision, the policy framework recognizes that the mental health of Ontario's children and youth does not depend on the child and youth mental health sector alone. Instead, it is a *shared responsibility*.

This framework aims to foster collaboration amongst everyone who shares responsibility for the healthy development of Ontario's children and youth: communities, including families/caregivers and all child- and youth-serving providers and sectors (for example, health, education, child protection and well-being, youth justice, social services, recreation, heritage and culture), the adult mental health sector and all levels of government.

The mental health of Ontario's children and youth is a shared responsibility

This framework will guide changes to the child and youth mental health sector and help other child- and youth-serving sectors promote the optimal mental health and well-being of children and youth over the next decade.

Ultimately, all children and youth should have access to a continuum of services and supports based on their needs, and each community should work towards facilitating this goal. The actual range of services and supports in a community and who delivers them will vary, depending on the local context, needs of children, youth and their families/caregivers, and available resources.

This document describes why an Ontario policy framework for child and youth mental health is needed, identifies the key elements of the framework, and sets out the goals and priorities to guide change over the next decade.

A word about definitions:

It is important to promote a common understanding of key terms amongst those involved in supporting the optimal mental health of children and youth. Appendix B defines some of the key terms used in this framework

1. Why we need an Ontario Policy Framework for Child and Youth Mental Health

The need

The mental health problems of children and youth are a significant public health issue.

Although research on the prevalence of mental health disorders in Canadian children and youth is limited, studies suggest that 15 to 21 per cent of children and youth are affected by mental health disorders that cause some significant symptoms or impairment[1,2,3] - with significantly higher rates for Aboriginal children and youth.[4] That means in Ontario approximately 467,000 to 654,000 children and youth have at least one diagnosable mental health disorder that causes significant distress and impaired functioning at home, at school, with peers or in the community.[5] It is also recognized, however, that significantly more children and youth may experience some kind of mental health problem.

The consequences of mental health problems can be significant – and may continue into adulthood, affecting functioning and productivity and the healthy development of the next generation

Mental health problems appear in children and youth of all social classes and backgrounds. The potential consequences – including poor academic achievement, failure to complete high school, substance abuse, conflict with the law, an inability to live independently or hold a job, health problems and suicide – affect children, youth, their families/caregivers, schools, communities, employers and the province as a whole. The most serious of these illnesses can continue into adulthood, affecting functioning and productivity in the community and the healthy development of the next generation.[6] "No other illnesses affect so many children in such a serious and widespread manner."[7]

While significant progress in the delivery of child and youth mental health services and supports has been made in recent years, a number of areas requiring further improvement have been identified.

Enhanced timely provision of services for children and youth

The Ontario Child Health Study determined that only one in six children and youth with a mental illness received some form of specialty mental health service.[8] These rates may be even lower for Aboriginal children and youth. It is clear that the need for child and youth mental health services and supports outpaces the sector's capacity to respond. To meet the need, and to provide value for both existing resources and any available incremental resources, the child and youth mental health sector must partner with the broader child- and youth-serving sectors.

Increased emphasis on health promotion, illness prevention and earlier identification

To date the focus of child and youth mental health services and supports has been on intervention and treatment. Consequently, communities often do not deliver services that promote optimal mental health, prevent mental illness, and identify problems earlier. While enhancing these services may require additional resources in the short term, they could, over time, reduce the need for more intensive, costly services/supports, reduce the duration and severity of mental illness, and improve the life trajectory of children and youth.

Enhanced collaboration across service sectors

The child and youth mental health sector has evolved differentially over time to meet local needs and consequently service delivery can appear fragmented. To help families/caregivers navigate services and supports, and to prevent children and youth from "falling through the cracks", we need to strengthen linkages, collaboration, coordination, and most importantly, a commitment to share responsibility for child and youth mental health, both within and beyond the child and youth mental health sector.

Enhanced consistency in service provision

The differential evolution of the child and youth mental health sector over time has also created a number of inconsistencies in the delivery of child and youth mental health services and supports. These include inconsistent screening and assessment practices, perceived and real differences in access, and inconsistencies in timeliness and quality of services. Enhancements in provincial service standards and screening and assessment procedures will support a more coordinated and consistent approach to service delivery.

Enhanced use of "what works" integrated into practice

There is a growing body of evidence about what works in mental health practice, however there are gaps between what is known to improve mental health and service delivery practices. Improving dissemination of this knowledge, and putting it into practice, will benefit children, youth, their families/caregivers and service providers.

Social inclusion of children and youth with mental health problems

The stigma associated with mental health problems continues to create barriers to social acceptance and access to services/supports. This stigma may be exacerbated when services and supports are delivered outside child- and youth-focused environments. Reducing the stigma associated with mental health problems/illnesses may result in greater community support for children and youth and timelier access to needed services.

Enhancements in accountability

Gaps in the sector's infrastructure hamper its performance and its capacity to improve. The development of a more accountable, better-managed sector depends on cross-sectoral planning and accountability at community and government levels.

1. Why we need an Ontario Policy Framework for Child and Youth Mental Health

The opportunity

The formation of the Ministry of Children and Youth Services (MCYS) in 2004 signaled Ontario's commitment to children and youth. The establishment of MCYS allows for focused leadership on child and youth issues and provides the opportunity to create more effective and efficient services and supports for children, youth and their families/caregivers.

The formation of MCYS signaled Ontario's commitment to children and youth

MCYS has a key role in leading and encouraging collaboration on child and youth issues across child- and youth-serving ministries and sectors. MCYS is committed to continue working alongside government and community partners to establish an integrated and collaborative system of services and supports for children, youth and their families/caregivers. To this end, MCYS has set in motion a number of initiatives, such as Best Start, the Child Welfare Transformation and the Youth Justice Transformation, which were guided by a series of stakeholder roundtables.

As the champion of children and youth, MCYS will provide leadership in cross-sectoral service planning. Success, however, depends on collaboration amongst everyone who works with children and youth. With the commitment, time and energy of countless individuals, families/caregivers and service providers, we are in the process of building on an impressive array of existing services and supports.

1. Why we need an Ontario Policy Framework for Child and Youth Mental Health

Child and youth mental health services and supports

In Ontario, child and youth mental health services are provided primarily to children and youth from birth to 18 years of age under the authority of the *Child and Family Services Act (CFSA)*. These services are not mandatory under the *CFSA*, but are provided to the level of available resources.

MCYS funds over 260 agencies which provide child and youth mental health services and supports, including approximately 90 dedicated children's mental health centres which have concentrated their expertise in child and youth mental health. The range of services provided by mental health agencies funded by MCYS include: prevention, parent education and training, early detection and intervention, counselling and support, assessment and treatment, respite, out-of-home residential placements and treatment, and day treatment services and supports.

MCYS also directly funds:

- two child and youth mental health facilities (Toronto and London)
- some hospital based children's mental health outpatient programs
- the Provincial Centre of Excellence for Child and Youth Mental Health at the Children's Hospital of Eastern Ontario
- a telepsychiatry program serving rural and remote communities.

In addition, mental health services are provided to children and youth within the youth justice sector and through a range of prevention programs and residential services such as early years, child protection and well-being, and complex special needs.

We are joined by other provincial ministries, including the Ministries of Education and Health and Long-Term Care, who also fund crucial services and supports for children and youth with mental health needs. These ministries are also our key links to their respective sectors and service providers.

Other ministries, including the Ministries of Health Promotion, Municipal Affairs and Housing, Community and Social Services, the Attorney General and Community Safety and Correctional Services, also support child and youth mental health through prevention, diversion and health promotion programs.

This framework provides the foundation for community and government partners to work together to improve the mental health and well-being of Ontario's children and youth.

2. Ontario's Policy Framework for Child and Youth Mental Health

Our vision

We envision an Ontario in which child and youth mental health is recognized as a key determinant of overall health and well-being, and where children and youth grow to reach their full potential.

We envision an Ontario in which child and youth mental health is recognized as a key determinant of overall health and well-being, and where children and youth grow to reach their full potential

This vision requires a commitment on the part of everyone in Ontario to promote the well-being of children and youth, so that children and youth with mental health problems and illnesses live, learn and thrive in their communities.

Government and community partners have different roles, but each shares in the responsibility for delivering child and youth mental health services and supports. Government ministries share responsibility for setting policy direction, improving cross-sectoral coordination and collaboration, and funding services. Service providers share responsibility for meeting the needs of children, youth and their families/caregivers, the efficient use of resources, the delivery of evidence-based services/supports, and for the outcomes achieved.

Guiding principles

To support this vision, the policy framework identifies the following principles to guide child and youth mental health services and supports:

Child, youth and family-centred
Services and supports should be developmentally- and age-appropriate, culturally and linguistically relevant, responsive, and matched to the strengths and needs of children, youth, and their families/caregivers. Children, youth and their families/caregivers, where possible, should be involved in the planning and delivery of services/supports.

Community driven - services and supports should be provided as close to home as possible
A supportive community promotes healthy child and youth development. The broader community should be responsible for the well-being of their children, youth and their families/caregivers and be engaged in planning services and supports within their local communities.

Accessible
Services and supports should be accessible to all children, youth and their families/caregivers who need them in a timely and appropriate manner. Services and supports should be adapted to the unique needs of children, youth and their families/caregivers and delivered respectfully and competently, with sensitivity to race, culture, national origin, heritage, language, faith, gender, sexual orientation, class, diagnosis, disabilities, special needs or other characteristics - with none of these factors serving as barriers to accessing appropriate services/supports.

Coordinated and collaborative
The child and youth mental health sector at government and community levels should enhance coordination and collaboration within and across all child- and youth-serving sectors.

Evidence-based and accountable
Research points to the most effective practices and programs for improving the lives of children, youth and their families/caregivers. Service providers should be educated, trained and supported in evidence-based practices and should consistently evaluate outcomes as part of their continuous quality improvement efforts.

Aboriginal community engagement will be guided by the principles of Ownership, Control, Access and Possession (OCAP)[9], as adopted by the National Aboriginal Health Organization and the Aboriginal Healing and Wellness Strategy, and supported by Ontario's New Approach to Aboriginal Affairs. These principles will guide and support the provincial Aboriginal engagement process through respect for indigenous knowledge and protocols, and considerations for the appropriate translation and use of cultural or traditional knowledge.

The target population

Because all Ontario children and youth deserve the opportunity to achieve optimal mental health, this policy framework applies to:

- all children and youth from birth up to age 18, and their families/caregivers
- children and youth identified as being at risk for, or who are experiencing, mental health problems
- children and youth who are experiencing significant mental health problems/illnesses
- children and youth experiencing the most severe, complex, rare or persistent diagnosable mental illnesses.

The continuum of needs-based services and supports

This policy framework is based on a key concept: a continuum of needs-based services and supports.

The continuum reflects the types of *functions* necessary to meet the mental health needs of children and youth. The continuum encompasses a wide range of *services* and *supports* available across a number of child- and youth-serving sectors. These services vary in type, intensity, specialization and mode of delivery.

The actual range of services and supports in a community and who delivers them will also vary, depending on the local context, needs of children, youth and their families/caregivers, and available resources. Children, youth and their families/caregivers may enter the continuum at any point. They may access services and supports of varying intensities at different times, or need several at one time.

Ultimately all children and youth should have access to a continuum of services and supports based on their needs, and each community should work towards facilitating this goal.

The continuum can also be viewed as a key tool to guide community planning and longer-term strategic investments and reinvestments in child and youth mental health services and supports.

Services and supports must be tailored to culturally and socio-economically diverse populations. Children, youth and their families/caregivers who live in rural and remote areas need improved access to mental health professionals and resources. The cultural and linguistic needs of Aboriginal and Francophone children, youth and their families/caregivers need to be considered when addressing mental health issues and developing and delivering programs, services and supports. Service provider staff should include members of diverse ethnic, cultural and linguistic groups that reflect the communities they serve.

This framework calls for government and community partners to work together to promote the optimal mental health of all children and youth, and to identify and support children and youth with, or at risk of developing, a mental health problem or illness. The availability of services and supports identified on the continuum is the shared responsibility of cross-sectoral government and community partners. Inter-ministerial partnerships are key to aligning child and youth mental health policy and program priorities, roles, and resources across sectors.

Each of the functions on the continuum may be addressed by a range of services and supports that vary in intensity and duration. It is recognized that the expertise to deliver some of these services and supports resides within specific professional groups (e.g., early intervention services such as school-based programs may be provided by a range of professionals such as social workers, community-based psychologists or teachers; specialized interventions may include treatment delivered by hospital-based psychiatrists). Although examples of services and supports for each function on the continuum are included, please see Appendix C for a more comprehensive list of examples that may help guide community planning and service delivery.

This framework calls for government and communities to partner together to promote the optimal mental health of Ontario's children and youth

CONTINUUM OF NEEDS-BASED SERVICES AND SUPPORTS

Target population	**All children, youth and their families/caregivers**	**Children and youth identified as being at risk for, or who are experiencing, mental health problems that affect their functioning in some areas, such as at home, school and/or in the community**	**Children and youth who are experiencing significant mental health problems/ illnesses that affect their functioning in some areas, such as at home, school and/or in the community**	**Children and youth experiencing the most severe, complex, rare or persistent diagnosable mental illnesses that significantly impair their functioning in most areas, such as at home, school and in the community**
Functions provided to meet the needs of each target population	**Mental Health Promotion; Illness Prevention; Early Identification; Early Intervention** (e.g., anti-stigma efforts; parenting programs; professional consultation; first episode psychosis)			
	Screening/Referral	**Assessment**	**Assessment**	**Assessment**
	Social/Community Supports (e.g., recreational programs; housing)	**Referral**	**Referral**	**Referral**
	Public Education (e.g., school-based anti-stigma programs)	**Emergency Response/Crisis Intervention** (e.g., help lines)	**Emergency Response/Crisis Intervention** (e.g., short-term crisis support)	**Emergency Response/Crisis Intervention** (e.g., mobile crisis units)
	Professional Training, Support and Collaboration (e.g., training primary health care professionals to identify at-risk children/youth)	**Family/Caregiver Education and Support** (e.g., provision of educational materials; advocacy services)	**Family/Caregiver Education and Support** (e.g., parenting programs/parenting groups)	**Family/Caregiver Education and Support** (e.g., in and out of home respite services; Aboriginal Elders and traditional teachers)
		Intervention (e.g., counselling; Aboriginal traditional teachers)	**Intensive Intervention/Treatment** (e.g., multi-professional teams in schools/agencies)	**Highly Specialized Treatment** (e.g., continued care for those with chronic illnesses; secure treatment/detention and custody)
		Social/Community Supports (e.g., community directory of services and programs)	**Social/Community Supports** (e.g., peer/mentoring support programs)	**Social/Community Supports** (e.g., parent support group)
		Navigation/Service Coordination (e.g., web-based information)	**Navigation/Service Coordination** (e.g., youth justice diversion programs)	**Navigation/Service Coordination** (e.g., access mechanisms; working with professionals in the adult mental health sector to facilitate transitions for youth)
		Professional Training, Support and Collaboration (e.g., consultation with other professionals)	**Professional Training, Support and Collaboration** (e.g., knowledge transfer of evidence-based practices in intervention and treatment)	**Professional Training, Support and Collaboration** (e.g., provision of training to other professionals)

CONTINUUM OF NEEDS-BASED SERVICES AND SUPPORTS

Target population	All children, youth and their families/caregivers	Children and youth identified as being at risk for, or who are experiencing, mental health problems that affect their functioning in some areas, such as at home, school and/or in the community	Children and youth who are experiencing significant mental health problems/ illnesses that affect their functioning in some areas, such as at home, school and/or in the community	**Children and youth experiencing the most severe, complex, rare or persistent diagnosable mental illnesses that significantly impair their functioning in most areas, such as at home, school and in the community**
Functions provided to meet the needs of each target population	**Mental Health Promotion; Illness Prevention; Early Identification; Early Intervention** (e.g., anti-stigma efforts, parenting programs, professional consultation, first episode psychosis)			
	Screening/Referral	Assessment	Assessment	**Assessment**
	Social/Community Supports (e.g., recreational programs, housing)	Referral	Referral	**Referral**
	Public Education (e.g., school-based anti-stigma programs)	Emergency Response/Crisis Intervention (e.g., help lines)	Emergency Response/Crisis Intervention (e.g., short-term crisis support)	**Emergency Response/Crisis Intervention** (e.g., mobile crisis units)
	Professional Training, Support and Collaboration (e.g., training primary health care professionals to identify at risk children/youth)	Family/Caregiver Education and Support (e.g., provision of educational materials, advocacy services)	Family/Caregiver Education and Support (e.g., parenting programs/parenting groups)	**Family/Caregiver Education and Support** (e.g., in and out of home respite services, Aboriginal Elders and traditional teachers)
		Intervention (e.g., counselling, Aboriginal traditional teachers)	Intensive Intervention/Treatment (e.g., multi-professional teams in schools/agencies)	**Highly Specialized Treatment** (e.g., continued care for those with chronic illnesses, secure treatment/detention and custody)
		Social/Community Supports (e.g., community directory of services and programs)	Social/Community Supports (e.g., peer/mentoring support programs)	**Social/Community Supports** (e.g., parent support group)
		Navigation/Service Coordination (e.g., web-based information)	Navigation/Service Coordination (e.g., youth justice diversion programs)	**Navigation/Service Coordination** (e.g., access mechanisms, working with professionals in the adult mental health sector to facilitate transitions for youth)
		Professional Training, Support and Collaboration (e.g., consultation with other professionals)	Professional Training, Support and Collaboration (e.g., knowledge transfer of evidence-based practices in intervention and treatment)	**Professional Training, Support and Collaboration** (e.g., provision of training to other professionals)

Strategic goals and priority areas for action: The direction for change

Stemming from our discussions with community and government partners, and research, MCYS has identified four strategic goals to support improved mental health outcomes for children and youth. These goals will set the direction for long-term change in the delivery of child and youth mental health services and supports, and help child- and youth-serving sectors promote the optimal mental health and well-being of all children and youth.

The framework also identifies priority areas for action which will guide strategic investments and reinvestments in child and youth mental health services and supports, as resources become available. They also set the stage for inter-ministerial and cross-sectoral collaboration.

This framework calls for all government and community partners to work together to achieve the following goals:

1. A child and youth mental health sector that is coordinated, collaborative and integrated at all community and government levels, creating a culture of shared responsibility

2. Children, youth and their families/caregivers have access to a flexible continuum of timely and appropriate services and supports within their own cultural, environmental and community context

3. Optimal mental health and well-being of children and youth is promoted through an enhanced understanding of, and ability to respond to, child and youth mental health needs through the provision of effective services and supports

4. A child and youth mental health sector that is accountable and well-managed.

Goal 1:
A child and youth mental health sector that is coordinated, collaborative and integrated at all community and government levels, creating a culture of shared responsibility.

All child and youth services and supports have a role in developing and supporting optimal child and youth mental health. These services and supports must be delivered in a coordinated and collaborative way so that they are responsive to community needs, address service gaps, and make good use of available resources.

MCYS will work with the child and youth mental health sector to support it in integrating with Ontario's broader child- and youth-serving sectors, and the adult mental health sector to:

- foster cross-sectoral commitment at government and community levels to promote optimal mental health of all children and youth
- reduce the frustration of parents and caregivers in navigating through various child- and youth-serving sectors for mental health services and supports
- support children and youth through key age, developmental, academic and sector transitions.

Research and community experience show that mental health problems often develop or are exacerbated at key age, developmental, academic and sector transitions. However, these transitions, such as entering elementary or high school, are also good opportunities to identify problems and intervene. Cross-sectoral coordination and collaboration is critical at all key transition points, particularly as the agencies and sectors involved throughout a child's/youth's life will vary over time.

Priority Areas for Action

1. Support enhanced integration of child and youth mental health services and supports within and across:
   - child- and youth-serving ministries
   - the child and youth mental health sector
   - broader child- and youth-serving sectors.

2. Facilitate effective transitions at multiple points that will support continuity of services and supports for children/youth with mental health problems/illnesses, including during:
   - various developmental stages (e.g., childhood to adolescence)
   - school/education transition points (e.g., early childhood education programs to school)
   - transitions to adult mental health services and supports (e.g., adolescent mental health services to adult mental health services)

- transitions within the continuum of needs-based services and supports (e.g., hospital-based crisis services to ongoing community-based services through a mental health agency).

3. Enhance the ability of children, youth and their families/caregivers to navigate child and youth mental health services and supports.

Goal 2:
Children, youth and their families/caregivers have access to a flexible continuum of timely and appropriate services and supports within their own cultural, environmental and community context.

Ultimately, all children and youth should have access to a continuum of services and supports based on their needs. Each community, with support from MCYS and other child- and youth-serving ministries, should work towards facilitating this. The actual range of services and supports in each community and who delivers them will vary, depending on the local context, needs of children, youth and their families/caregivers, and available resources.

The continuum is a key tool to guide a community's longer-term strategic investments and reinvestments in child and youth mental health services and supports.

The continuum identifies a full range of mental health services and supports which will meet the needs of all children and youth. To be effective, mental health services and supports should:

- be planned and delivered in partnership with families/caregivers and communities, and with the full participation of all sectors involved with children and youth
- be respectful of, and responsive to, individual child, youth and family differences and backgrounds.

Priority areas for action

1. Each community should facilitate access to the continuum of needs-based services and supports, with an increased focus on mental health promotion, illness prevention, early identification and early intervention.

2. Improve responsiveness of the child and youth mental health sector to meet child and youth mental health needs by enhancing its ability to provide timely services and supports.

Goal 3:

Optimal mental health and well-being of children and youth is promoted through an enhanced understanding of, and ability to respond to, child and youth mental health needs through the provision of effective services and supports.

One of the most promising, cost-effective and humane ways to promote optimal mental health and well-being is to strengthen protective factors (the factors that increase resilience and protect a child/youth from poor mental health/life outcomes), and to reduce risk factors (the factors associated with poor mental health/life outcomes).

To achieve this, everyone involved in child and youth mental health needs to:

- help families/caregivers, the most significant people in influencing a child's early life, to provide the conditions for good mental health, spot the early onset of mental illness and participate effectively in the intervention process
- promote collaboration with community organizations that routinely interact with and influence children and youth. Mental health professionals can advise and disseminate information to cross-sector partners about child growth and development and evidence-based practices, so that programs can be tailored to best meet the needs of children and youth
- reinforce a positive community environment to enable children and youth to have positive connections with others through school, peer relations, and community activities, and overcome destructive influences
- reduce stigma and misunderstandings that prevent families/caregivers from recognizing mental health problems or seeking treatment.

The strategies to promote optimal mental health and well-being must be based on evidence that will enable families/caregivers to make informed choices, child- and youth-serving professionals to learn new approaches and incorporate new knowledge into practice, and children and youth to achieve improved outcomes.

The evidence of "what works" to improve child and youth mental health is growing. Through the hard work of many research stakeholders, such as the Centre of Excellence for Child and Youth Mental Health at the Children's Hospital of Eastern Ontario and Children's Mental Health Ontario, progress has been made in collecting evidence and exchanging knowledge of evidence-based practices.

MCYS will support continued efforts in knowledge development and exchange to promote and sustain better outcomes for children and youth in Ontario.

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Priority areas for action

1. Engage in further stigma reduction efforts that increase community knowledge and understanding of the social determinants of health, the impacts of mental health problems/illnesses, and the importance of social inclusion of all children and youth.

2. Build on the child and youth mental health knowledge base, including:
   - evidence on effectively promoting optimal mental health and well-being of children and youth
   - evidence on identifying, assessing, treating and reducing the impact of mental health problems/illnesses
   - data on the prevalence of child and youth mental health problems in Ontario.

3. Enhance the ability of the community to identify and respond to the mental health needs of children and youth.

4. Enhance the ability of child- and youth-serving professionals to identify and respond to the mental health needs of children and youth.

5. Enhance the use of evidence-based knowledge and practice within the child and youth mental health sector to support continuous improvements in professional practice and improved outcomes for children and youth.

Goal 4:
A child and youth mental health sector that is accountable and well-managed.

Formal accountability practices are essential to improving the delivery of services and supports and to improving child and youth mental health outcomes.

Enhancements to formal practices should be adapted to demonstrate accountability at the provincial, regional and local levels:

- responsibility and accountability for child and youth mental health should be clear
- services and supports should be guided by standards
- service outcome measures should be established to measure the effectiveness of services delivered, and to facilitate the collection of data that will support continuous improvements in the delivery of child and youth mental health services.

Infrastructure supports which facilitate enhanced accountability and quality improvement include: information systems, including software to support accountability at multiple levels, attention to privacy and confidentiality concerns, feedback mechanisms to monitor progress, and collaboration with service providers in defining goals and selecting relevant measurement strategies.

Priority areas for action

1. Enhance the formal system of accountability between government and the child and youth mental health sector.

2. Build on outcome data to guide continuous sector improvements and to track child and youth outcomes.

3. Identify and develop service standards, guidelines and outcome measures in accordance with the priorities outlined in the framework.

3. Moving forward

The achievement of the vision and goals outlined in this policy framework will result in the following outcomes for child and youth mental health in Ontario:

- collaborative, coordinated and integrated child and youth mental health services and supports within and across sectors
- children and youth with mental health problems are socially included and accepted
- children and youth at risk of mental health problems are identified earlier through improvements in early recognition, screening and assessment
- children, youth and their families/caregivers are better able to access timely, effective and appropriate mental health services
- an accountable child and youth mental health sector.

MCYS is committed to working with government and community partners, within the child and youth mental health sector and across the broader child- and youth-serving sectors, to effect change based on the directions set out in this policy framework, and to create a culture of shared responsibility for child and youth mental health.

This will ultimately support improved mental health outcomes for children and youth and an Ontario in which child and youth mental health is recognized as a key determinant of overall health and well-being, and where children and youth grow to reach their full potential.

Appendix A

Development of the Policy Framework

This policy framework is based on many years of discussion and research, including a year of province-wide discussions with over 300 participants from a wide range of government and community partners, an extensive inter-jurisdictional literature review, consultations with mental health experts and a series of inter-ministerial discussions.

This is an outline of the community and inter-ministerial discussion processes used to inform the development of this framework.

Community discussion process:

- The Ministry contracted with Children's Mental Health Ontario in 2005, and worked in partnership with them to undertake community discussions on the policy framework in fall 2005, and to obtain sector input through the Children's Mental Health Ontario 2005 Summit
- In August 2005, the Ministry distributed the *Child and Youth Mental Health Policy Framework: Background Document* to funded service providers and key provincial stakeholders in the child and youth sector as a vehicle for community discussions
- Intended to provide a context for stakeholder discussions, the background document included summaries of child and youth mental health policy frameworks in other jurisdictions and identified questions to guide input about the important elements for an Ontario framework
- The Ministry received responses to the background document in fall 2005 through:
  - 14 inter-sectoral community discussion groups, which included parents and youth
  - consultation with the Centre of Excellence for Child and Youth Mental Health at the Children's Hospital of Eastern Ontario
  - 31 written submissions
  - Children's Mental Health Ontario 2005 Summit
- In addition, the Ministry consulted with experts on the policy framework and conducted interviews with community partners, including: Children's Mental Health Ontario, the Centre of Excellence for Child and Youth Mental Health at the Children's Hospital of Eastern Ontario, the Hospital for Sick Children, and community-based children's mental health service providers.

Appendix A - Development of the Policy Framework

Inter-ministerial discussions:

- The Ministry received inter-ministerial responses to the background document in fall 2005 through three inter-ministerial discussion groups, which included staff from the Ministries of Children and Youth Services, Community and Social Services, Education, Community Safety and Correctional Services, Attorney General, and Health and Long-Term Care
- In addition, interviews were held with inter-ministerial partners, including the Ministry's corporate and regional offices
- Inter-ministerial working groups representing a number of child- and youth-serving ministries were established to inform the development of the framework.

Discussion Findings

Through these discussions we heard that the framework should reflect:

- the importance of social determinants of mental health for children and youth
- the need for a full continuum of services, ranging from health promotion and prevention to highly intensive services
- the need for coordinated and collaborative planning and service delivery at the inter-ministerial, regional and local levels, especially at key transition points for children and youth
- the diverse needs of children, youth and their families/caregivers
- the importance of timely, accessible and appropriate services to meet the needs of children, youth and their families/caregivers.

Discussion participants emphasized the importance of holistic service delivery within the context of the whole child/youth and their community, including their cultural community. Families, caregivers and service providers were vocal about the need to recognize that "children are not little adults", the need to invest in prevention and early identification and the overall need for increased resources within the sector.

Other top priorities identified included:

- clear accountability standards
- investment in outcome-focused services and supports
- evidence-based practice
- continuous improvement.

Appendix B
Glossary of terms

Aboriginal: Defined in accordance with Section 35(2) of *The Constitution Act* (1982) as including Indian, Inuit and Métis peoples of Canada.

Accountability: The obligation to answer for the execution of one's assigned responsibilities to the person or group who conferred the responsibilities.

Child and youth mental health services and supports: Because child and youth mental health is a shared responsibility of the entire child and youth service system, in this policy framework, the term "child and youth mental health services" has two definitions – one broad and one narrow – depending on the scope of services and supports that are being discussed.

The broad definition includes all services and supports provided to children, youth and their families/caregivers that contribute to child and youth mental health, even if the provision of mental health services and supports is not the service's primary function. Under this definition, providers of child and youth mental health services include: families/caregivers; the systems of public health, early childhood, education, youth justice, child protection and well-being, and primary health care; Aboriginal Elders, Aboriginal traditional healers and teachers; private therapist/counsellor services; multi-professional community-based services including children's mental health centres, community health centres, children's treatment centres, and developmental services agencies; Aboriginal, Francophone and ethno-specific agency services; and other social services such as Family Service Associations, shelters, recreation services, and distress and crisis lines. These services may be funded and/or provided by different levels of government, and/or the private and voluntary sectors.

The narrow definition includes a defined range of institutional and community-based mental health services for children and youth, sometimes called "formal" child and youth mental health services. These services typically provide mental health services and supports as their primary function to children and youth experiencing moderate to significant impairment in their level of functioning at home, school and/or in the community. These services are usually composed of a multi-professional team with specialized training in child and youth mental health, in mental health, or in serving child and youth populations.

Appendix B - Glossary of terms

Children and youth: The term "children and youth" refers to all young people up to their 18th birthday. Within MCYS, the term "transitional-age youth" refers to young people between 16 to 18 years of age. The transitional age period may vary, however, across programs/services funded by different ministries.

Evidence-based practice: Evidence-based practice is "the conscientious, explicit and judicious use of current best evidence in making decisions about the care of [clients]" (Sackett, Richardson, Rosenberg, & Haynes, 1997, p.2). In this policy framework, the term evidence-based practice is used to describe both practices (e.g., intake screening, outcome measurement, program evaluation) and treatment (e.g., empirically supported interventions). Placing the client's benefits first, evidence-based practitioners adopt a process of lifelong learning that involves continually posing specific questions of direct practical importance to clients, searching objectively and efficiently for the current evidence relative to each question, and taking appropriate action guided by evidence.

In child and youth mental health services, the term evidence-based practice refers to a body of scientific knowledge about service practices, including referral, assessment, outcome management/assessment, quality improvement practices, and case management (Hoagwood, Burns, Kiser, Ringeisen & Schoenwald, 2001). It also refers to scientific knowledge about the impact of treatments or services on the mental health problems of children and youth. The knowledge base results from the application of scientific methods that examine the impact of specific practices on outcomes. Evidence-based practice denotes the quality, robustness, or validity of scientific evidence as it applies to these issues.[10]

Appendix B - Glossary of terms

Health, mental health, mental health problem and mental illness/disorder: Mental health, mental health problems and mental illness or disorder represent different aspects on what is a continuum of overall mental health and well-being. As defined by the World Health Organization, **health** "is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity."[11]

Mental health includes all aspects of human development and well-being that affect an individual's emotions, learning and behaviour, and is again not merely the absence of mental illness.[12]

There are recognized difficulties in defining the mental health problems that affect children and youth. In this document, the term **mental health problem** is used to describe any emotional or behavioural condition that may be reflected in difficulties and/or disabilities in the realm of personal relationships, psychological development, the capacity for play and learning, and/or in distress and maladaptive behaviour.[13] These conditions are relatively common, may or may not be persistent, and while they may cause significant distress and impair functioning, they do not meet diagnostic criteria for a mental disorder.[14]

The terms **mental illness** or **mental disorder** are used to mean any emotional, behavioural, or brain-related condition that causes significant impairment in functioning as defined in standard diagnostic protocols such as the American Psychiatric Association's Diagnostic and Statistical Manual (DSM) (APA, 2000).[15] Typically, these disorders are persistent, severe and affect functioning on a day-to-day basis. It is common to find more than one mental disorder present (e.g., attention deficit hyperactivity disorder (ADHD) and depression, or ADHD and conduct disorder) which increases the challenge and complexity of the care and treatment required for children and youth in the community.[16]

Knowledge transfer and exchange: Knowledge transfer is a process whereby relevant information is made available and accessible for application in practice, planning and policy-making. It occurs not only at the end of a process, project or research study, but is also ongoing. Knowledge exchange refers to the dialogue and ex change of information between those who generate and those who receive and use knowledge, and is also operational throughout the project or research study. Together, these two elements serve to facilitate the use of research in practice.[17]

Appendix B - Glossary of terms

Mental health promotion, illness prevention and early intervention:

In this document **mental health promotion** strategies are defined as those that target an entire population, with the goal of enhancing strengths to reduce the risk of later problems and/or to increase prospects for positive, healthy development.[18]

Illness Prevention strategies and services can be defined as being universal, selective or indicated in nature. Universal prevention strategies are designed to address risk factors in entire populations of children, youth and families/ caregivers – such as in a classroom, school or community – without attempting to discern which children or youth are at elevated risk for mental health problems or disorders. Selective prevention strategies are targeted at groups who are identified because they share a significant risk factor for mental health problems or disorders. The risks may be identified in a variety of ways, ranging from exposure to specific traumatic events to familial markers, but typically do not involve assessment of the child or youth's own behaviour. Selective prevention strategies are then designed to counter or mitigate the identified r ks without stigmatizing children and youth. Indicated prevention strategies are often incorporated into a child or youth's treatment plan. Such strategies entail intervention with those who have a diagnosed mental illness (or those who have significant symptoms of a mental illness, but do not currently meet diagnostic criteria for the disorder), and include treatment enhancement, relapse prevention or prophylactic and continuing care strategies designed to strengthen the gains made through treatment and prevent recurrence or exacerbation of mental health problems or disorders.[19]

Early intervention is the provision of appropriate services and supports (regardless of age) to children, youth and their families/caregivers as soon as possible that focus on addressing behaviours or symptoms which indicate the beginning signs of a mental health problem or illness. Early intervention services are provided to mitigate the anticipated long-term effects of such challenges without stigmatizing children and youth.

Appendix B - Glossary of terms

Multi-professional team: Refers to a group of people who work together using a team-based approach and who come from several disciplines. In the mental health sector, the disciplines most often represented include social workers, psychiatric nurses, child and youth workers, psychiatrists and psychologists. Occupational therapists, art therapists and members of other disciplines may also be included.[20]

Multi-sectoral team: Refers to a group of people who work together using a team-based approach and who may come from different service sectors such as acute care, addictions, advocacy groups, child protection and well-being, consumers, families/caregivers, corrections, education, mental health, police, public health and others. A multi-sectoral team may be multi-professional, but could in fact be composed of members of only one discipline (e.g., social work).[21]

Risk factors, protective factors and resiliency: In this document **risk factors** are those traits, characteristics or environmental contexts which research has shown to be predictive of mental health problems or illnesses in childhood or adolescence. Example risk factors include a child or youth living in poverty, having parents with limited parenting skills or mental illness, abuse of alcohol and/or drugs, the lack of experience of success in school, premature birth, or low birth weight. The effect of a given risk factor tends to be stronger when it is combined with other risk factors, may vary during different periods of a child or youth's life, and is often cumulative.[22] Researchers and practitioners frequently use the term "children at risk" to refer to children/youth who possess one or more risk factors that are predictive of a host of undesirable outcomes, including mental health problems and illness.[23]

Protective factors are those traits, characteristics or environmental contexts which research has shown to promote positive mental health in childhood or adolescence. Example protective factors include personal strengths (e.g., intelligence, relaxed temperament), family strengths (e.g., a supportive home environment, socio-economic advantages) and school and community strengths (e.g., safe and effective schools, participation in social groups, having at least one significant, caring relationship with an adult). Enhancement of protective factors at the individual, family and community level is now believed to reduce the likelihood of mental health problems and illnesses later in life.[24]

Resiliency is a child, youth or family/caregiver's ability to recover quickly from disruptive change, illness or misfortune without being overwhelmed or acting in dysfunctional ways. Resilient children, youth and families/caregivers possess the skills to cope with life's challenges. Children and youth have a naturally resilient nature but it must be nurtured and strengthened, particularly in the face of one or more risk factors for mental health problems or illness.

Service coordination:

A service coordinator's role involves helping children and youth to access the supports and services required to meet their needs from across all child- and youth-serving sectors, and coordinating the delivery of those services. A service coordinator's role is generally associated with situations that are complex and therefore require supports and services from several providers. A service coordinator may be attached to a specific service provider but is accountable to the child/youth, and their families/caregivers.

The role may involve the following tasks:

- engaging the professional expertise of various service system partners in a collaborative and integrated approach to service planning and delivery
- leading problem-solving discussions with local service providers regarding access to services, and the delivery of services and supports
- identifying additional services and supports that may be helpful
- seeking specialized assessments or services as warranted
- assisting in the development and implementation of a discharge and/or transitional support plan
- helping to ensure service continuity and preventing duplication (e.g., ensuring information is shared amongst service providers as much as possible within privacy constraints).

Appendix B - Glossary of terms

Service integration: Refers to the development of interconnections between agencies at the programmatic, administrative, or operational levels. Integration can be understood as a process consisting of five domains that increase in degree of interconnectivity: awareness, communication, cooperation, collaboration, and fusion.[25]

- **Awareness:** Separate and independent agencies in a community claim to have knowledge of each other's services, although no effort is taken by any one of them to organize their activities according to any principles except those that conform to individual agency service missions.
- **Communication:** Agencies in the community have an active program of communication and information sharing.
- **Cooperation:** Agencies use their knowledge of other services to guide and modify their own service planning in order to avoid duplication of service and to obtain a better set of links between services.
- **Collaboration:** Agencies jointly plan the offering of services to families/caregivers and actively modify their own service activity based on advice and input from their mutual discussions.
- **Fusion:** Agencies join together to offer a new, fused service which draws on the service strengths offered in the participating agencies, but does so in a form in which the contributing agencies are no longer clearly and separately identifiable.

Each community is best placed to determine, based on local needs, the appropriate degree of inter-connectivity along the continuum of service integration that they should aim to achieve.

System navigation: Families/caregivers and individuals seeking services and supports can be assisted, through appropriate means, to identify appropriate services available in their community (e.g., web directory; information centre).

Appendix C
The continuum of needs-based services and supports: functions and examples

Function	Examples of services and supports (actual services will vary based on intensity of need and local community considerations)	
Assessment	• screening tools • intake and assessment tools (e.g., Brief Child and Family Phone Interview; Child and Adolescent Functional Assessment Scale; youth justice assessment tools)	• specialized assessment tools • professional observation and consultation
Early identification	• health screening programs (e.g., speech and language; Best Start; Aboriginal Healthy Babies Healthy Children; Healthy Babies Healthy Children) • public health and primary health care consultation • school-based programming • Aboriginal health initiatives (e.g., Akwe:go; Fetal Alcohol Spectrum Disorder and Child Nutrition programming)	• professional training/consultation/ education • referral from/between health, mental health, education, child protection and well-being, youth justice, social services, recreation, heritage, culture and youth justice sectors • child-care programming • youth justice screening
Early intervention	• school-based programming • child witness programs • youth justice diversion programs (e.g., Youth Mental Health Court Workers)	• first episode psychosis • public health and primary health care
Emergency response/ crisis intervention	• assessment • in and out of home respite services • referral • case consultation with other professionals • help lines (e.g., Kids Help Phone) • short-term crisis support • suicide prevention/intervention	• Aboriginal traditional healers • family/caregiver education and support • homelessness shelters • acute day/hospital treatment • crisis counselling • hospitalization • mobile crisis units
Family/ caregiver education and support	• provision of educational materials • advocacy services • parenting programs and parenting groups	• Aboriginal Elders and traditional teachers • in and out of home respite services • intensive home-based interventions

Appendix C
The continuum of needs-based services and supports: functions and examples

Function	Examples of services and supports (actual services will vary based on intensity of need and local community considerations)	
Highly Specialized Treatment	• evidence-based interventions (e.g., inter-personal therapy for depression) • day treatment • out-patient services • specialized interventions (e.g., suicide crisis interventions; community-based eating disorder programs) • residential treatment • secure treatment/detention and custody	• in-patient services • medication • multi-professional teams (e.g., school/agency) • in-patient services for those requiring chronic care • intensive home-based interventions • continued care for chronic illness
Intensive Intervention/ Treatment	• evidence-based interventions (e.g., cognitive behavioural therapy for anxiety and depression) • day treatment • outpatient programs • specialized interventions (e.g., suicide crisis interventions; community-based eating disorder programs) • residential treatment	• in-patient services for those requiring chronic care • medication • multi-professional teams (e.g., school/agency) • educational services (e.g., Section 23 classrooms) • intensive home-based family interventions • Aboriginal healing lodges
Intervention	• Aboriginal traditional teachers • counselling • parent groups • skills-based school programs • anger management groups • Aboriginal Elders	• anti-bullying programs • outreach services • medication • educational services (e.g., staff psychologists)
Mental health promotion and illness prevention	• school-based programming • public education campaigns • recreational programs (e.g., sports; dance) • child care	• anti-stigma efforts • parenting programs • cultural programming (e.g., Pow Wows; traditional teachings)

Appendix C
The continuum of needs-based services and supports: functions and examples

Function	Examples of services and supports (actual services will vary based on intensity of need and local community considerations)	
Navigation/ service coordination	• web-based information • multi-professional teams (e.g., school/agency) • youth justice diversion programs	• access mechanisms • working with professionals in the adult mental health sector to facilitate transitions for youth
Professional training, support and collaboration	• training professionals to identify at-risk children/youth (e.g., public and primary health care professionals; teachers; early childhood educators; child care workers; child and youth workers) • consultation with other professionals • engagement of Aboriginal traditional teachers	• knowledge transfer of evidence-based mental health practices in intervention and treatment and sharing of cultural knowledge • provision of training to other professionals
Public education	• school-based anti-stigma and anti-racism programs	• public anti-stigma education
Referral	• referral from/between health, mental health, education, child protection and well-being, youth justice, social services, recreation, child witness programs, youth justice, Aboriginal community agencies and volunteer sectors	
Social/ community supports	• recreational programs (e.g., sports; dance) and community centres • support programs (e.g., parent groups/youth groups; faith and culturally based supports) • Friendship Centres • community directory of services and programs (e.g., web-based) • informal family networks • help lines • other health/human services and supports	• volunteer services • social assistance programs • local access mechanisms • peer/mentoring support programs • youth employment centres • youth training opportunities • outreach workers (e.g., homelessness programs; isolated parents) • housing • programs for teen parents (teaching parenting skills)

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